

**OPEN-ENDED/RATE BASED REQUEST FOR PROPOSALS
UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

DHS RFP # 40308

I. PURPOSE

This is a Request for Proposals (RFP) issued on behalf of the Utah State Department of Human Services, Division of Services for People with Disabilities (DHS/DSPD or Requesting Agency). The purpose of the RFP is to enter into a contract with a qualified Offeror to provide Community Service Brokering to people with disabilities who are currently on DHS/DSPD's waiting list. Offeror will assist people with disabilities to obtain supplemental supports offered through various programs in the community while they await entering into services with DHS/DSPD.

This Request for Proposals (RFP) replaces RFP #40255. Contractors currently providing services under RFP #40255 must submit a new proposal in connection with this RFP.

This RFP is designed to provide interested Offerors with sufficient information to prepare a proposal that will meet the minimum requirements of the RFP. However, it is not intended to limit or exclude content or data deemed relevant or essential by the Offeror. In fact, Offerors are encouraged to expand upon the specifications in the RFP to evidence their service capability under any agreement.

II. GENERAL INFORMATION

A. ISSUING OFFICE AND RFP REFERENCE NUMBER

The Department of Human Services (DHS), Bureau of Contract Management (BCM) is the Issuing Office for this RFP and all related addenda. The reference number for the RFP (as identified above) must be referred to on all proposals, as well as all correspondence and documentation relating to the RFP.

B. CONTACT PERSON

Questions regarding the proposal may be addressed to: Teena Scholte, Contract Administrator, (801) 538-4140, or tscholte@utah.gov.

C. ELIGIBILITY

Proposals may be submitted by qualified public or private nonprofit or for-profit organizations.

D. CONTRACT PERIOD AND CONTRACT REIMBURSEMENT

It is anticipated that this RFP will result in multiple contract awards. Contracts awarded pursuant to this RFP will be written for a period of up to three (3) years (the actual length of any given contract will depend on the date the contract is awarded), commencing on or after April 1, 2005 and terminating no later than March 31, 2008.

E. SUBMISSION OF PROPOSALS

Offerors shall submit five (5) **identical hard copies (including one original)** of the proposal to the location below on or before the closing date and time stated below. **Faxed Proposals will not be accepted.**

Mailing Address:

Department of Human Services
Bureau of Contract Management

Hand-Delivery Address:

Department of Human Services
Attention: Rosalie Nance, Purchasing Agent

Attention: Rosalie Nance, Purchasing Agent
120 North 200 West, Room #213
Salt Lake City, UT 84103

First Floor Information Desk
120 North 200 West
Salt Lake City, Utah

Any costs incurred in the preparation and submission of proposals or amendments pursuant to this RFP are the responsibility of the Offeror and will not be reimbursed. In addition, all materials submitted become the property of the State of Utah and will not be returned.

F. AMENDMENTS TO PROPOSALS

Amendments to proposals will be accepted at any time prior to the initial due date and time for receiving proposals, thereafter, amendments will be accepted at the discretion of the Requesting Agency.

G. RFP CLOSING DATE AND INITIAL DUE DATE AND TIME FOR RECEIVING PROPOSALS

This RFP will remain open until December 1, 2007, unless rescinded earlier at the discretion of the Requesting Agency. Offerors may submit proposals any time during the period the RFP is open.

The initial due date and time for submitting proposals is January 25, 2005 at 3:00 p.m. Offerors seeking early review of their proposals must submit their proposals on or before this date. Proposals received after the initial due date stated above will be reviewed as they are received.

H. REGISTRATION OF PROPOSALS

The Issuing Office will open and register all proposals received following the initial due date and time for receiving proposals. Proposals received thereafter will be opened and registered as they are received. The names of registered Offerors are public information.

I. EVALUATION OF PROPOSALS

An evaluation committee to evaluate all registered proposals shall be convened by the Reviewing Agency following the initial due date of the RFP and thereafter pursuant to the schedule stated in paragraph G above. DHS has complete discretion in determining the composition of the evaluation committee. Proposals shall be evaluated against the criteria stated in the RFP. To be considered responsive, proposals must address each area of the evaluation criteria in detail.

J. AWARD

1. The award of a contract(s) under this RFP will be made in accordance with the stated evaluation criteria. Factors not specified in the Proposal shall not be considered in determining the award and shall not be negotiated to be included in the contract. Specific proposed services and rates or service costs will be determined at the time of contract negotiation.
2. The Division reserves the right to select the most appropriate contractor to provide services from among those awarded contracts.
3. The award of a contract under this RFP **is not a guarantee that the contractor will be requested to provide any services.**

K. STANDARD CONTRACT TERMS AND CONDITIONS

Any contract resulting from this RFP will include the standard terms and conditions contained in the DHS Service Contract. The State of Utah and DHS reserve the right to make changes to the standard terms and conditions at any time prior to the time a contract is executed with an Offeror.

L. PROPRIETARY INFORMATION

The proposals of successful Offerors become public information for a period of 90 days after a contract is awarded. During this time period, any individual or entity desiring to do so may review the proposal. Proprietary

information contained in a proposal, such as client lists and non-public financial statements can be protected under limited circumstances (the pricing and service elements of a proposal are not considered proprietary and must not be designated as such). Any specific proprietary information contained in an Offeror's proposal that the Offeror wants protected must be clearly identified and highlighted in the body of the original proposal. In addition, Offerors must submit in the Executive Summary portion of their proposals, a justification statement explaining why the highlighted information is to be protected. It is unacceptable to designate an entire proposal as proprietary! Proposals not identifying any proprietary information will be released in their entirety.

M. RESERVATION OF RIGHTS

The Requesting Agency reserves the right to reject any and all proposals received or to withdraw this offer at any time. Furthermore, if only one proposal is received in response to this RFP, the Requesting Agency may request that the issuing office either make an award or re-solicit for the purpose of obtaining additional proposals.

III. SERVICE REQUIREMENTS AND EXPECTATIONS

Below is a description of the basic service requirements and expectations Offerors must meet if awarded a contract.

A. BACKGROUND

The Community Service Broker Model assists only those people with disabilities who have qualified for DHS/DSPD services and are on the DHS/DSPD waiting list. The DHS/DSPD waiting list includes Physical Disabilities, Mental Retardation or Related Conditions, and Acquired Brain Injury.

Community Service Brokering is a community support that facilitates client and family education and direction to community resources that are outside the scope of services paid for by DHS/DSPD. Community Service Brokering is responsible for the coordination and referral of community resources to expand the range of support options for people currently on DHS/DSPD's waiting list. This model is designed to promote family preservation and assist people with disabilities in developing both natural supports and supports from the community thereby enhancing their quality of life.

B. GENERAL DESCRIPTION OF SERVICE OR SUPPORT

DHS/DSPD Region staff shall identify those persons on the waiting list in need of Community Service Brokering. Designated Region staff must approve this referral before the Contractor is notified. A written referral shall be sent to the Contractor and will include the client's Action Plan and Social History, as it relates to the expectations of the Community Service Brokers. No services can begin until the Contractor receives the written referral. Services shall be delivered within 90 days from the date of the referral. Contractor may extend this time period with the Region Director's prior approval.

Based on the information provided by the Support Coordinator, the Contractor shall assist the client in obtaining community supports, including those outside of the scope of services paid for by DHS/DSPD for which the Person is on the waiting list. The Contractor will guide and/or demonstrate how clients can access needed community supports and services as they are identified in the Action Plan. The Contractor will monitor the progress of the services on an ongoing basis and will notify DHS/DSPD of any changes in the client's needs.

C. DESCRIPTION OF THE POPULATION TO BE SERVED

People with disabilities who are eligible for services with DHS/DSPD according to Administrative Rule R539-1 and who are on DHS/DSPD's waiting list. The DHS/DSPD waiting list contains people of all ages who have mental retardation and related conditions, physical disabilities or acquired brain injury.

D. CONTRACTOR'S QUALIFICATIONS

To be awarded a contract, the Contractor must meet the following minimum requirements:

1. Bachelor's Degree, preferably in a field of study related to social health or education sciences, or equivalent work experience.
2. A minimum of five (5) years experience working with people with disabilities and their families in a professional or volunteer capacity.
3. Be familiar with State and community resources available to people with disabilities and their families and know how to access these resources.

Contractor staff providing direct service must have at least one (1) year experience working with people with disabilities and their families in a professional or volunteer capacity.

E. SERVICE REQUIREMENTS

Contractor shall assist people with disabilities who are on the DHS/DSPD waiting list in obtaining supports offered through community resources. The Contractor shall develop a working relationship with the client and their family in order to assist them in achieving their identified outcomes. Contractor shall meet with the client on a weekly basis.

1. **DEVELOP SUPPORT STRATEGY.** The Contractor shall write a one-page Support Strategy detailing how the needed supports and outcomes outlined within the Action Plan will be achieved. The Support Strategy shall contain the following components:
 - a. Identifying information.
 - i. Name of person.
 - ii. Date the Support Strategy was written.
 - iii. Desired outcome/personal goal.
 - iv. Title of Support Strategy.
 - v. Name of person writing Support Strategy.
 - b. Purpose of the support as related to the outcome/goal and how it will help achieve the outcome as explained.
 - c. Identify the community resource(s) that will be utilized to provide the support.
 - d. Timeline for providing the support.
 - e. Detailed guideline or instructions for community resource(s) staff addressing how to support the client.
 - f. How the Contractor will track the client's progress.
 - g. Detailed guideline for how the client will continue the support system after services are concluded.
2. **FIND AND ARRANGE RESOURCES AND SUPPORTS.** The Contractor and Contractor staff shall assist the client and family in identifying and creating support options, as outlined in the Action Plan, by finding available community resources that will best serve their needs and linking the client to those resources. The Contractor shall provide, but not be limited to, the following services:
 - i. Expanding and developing support options outside the immediate family to individuals such as neighbors, clergy, co-workers (includes non-paid natural supports).
 - ii. Connecting clients with social services and mental health services.
 - iii. Linking clients to supports available within the public school system.
 - iv. Finding resources to help clients with social security benefits.
 - v. Linking clients to resources for locating and accessing affordable housing.
 - vi. Finding and facilitating financial assistance, such as budgeting, social security, Medicaid, and Rep Payee.
 - vii. Finding resources for resolving guardianship issues.
 - viii. Supporting the client in maximizing work incentives and other benefit options.
 - ix. Finding and facilitating transportation supports.
 - x. Finding resources for job support/education/training, such as supported employment opportunities, finding mentors, and obtaining information on programs offered through higher education institutions.
 - xi. Finding assistance on Assistive Technology/Adaptation.
 - xii. Locating and facilitating assistance with health care, such as home health care, free clinics, and state programs.
 - xiii. Connecting clients to supports offered by any local, state or federal programs (i.e. Medicaid, Medicare).

- xiv. Help find daytime supports.
- xv. Help transition students find assistance in planning for the future.

DHS/DSPD acknowledges that Contractors may provide other services in addition to the Community Service Brokering service. The Contractor cannot refer the client or family to themselves (the Contractor). Doing so may result in termination of this contract.

- 3. **TRANSPORTATION.** Contractor shall provide the client with transportation to and from client appointments as it is specified in the Action Plan. Contractor and staff must possess a current driver's license, current automobile insurance coverage, and a vehicle that can properly and safely transport a client, based on their need.
- 4. **EDUCATION AND TECHNICAL ASSISTANCE FOR INDIVIDUAL AND FAMILIES.** In order to make informed decisions about their support needs and potential support providers, clients must understand and be educated regarding available options. Contractor shall educate clients and their families on the community resources that are available to them and those services that will best serve their needs. The Contractor shall provide personal training or coaching, conduct instruction on topics that the client and family are interested in learning about, or introduce a client to a person that has experience in any area of interest.

F. STAFF REQUIREMENTS

Contractor and all Contractor staff must be 18 years of age or older and must pass a BCI check prior to any contact with clients. Staff must also be familiar with the Person-Centered Planning process.

G. TRAINING REQUIREMENTS

Contractor and Contractor staff shall attend a mandatory orientation session conducted by DHS/DSPD within 3 months of the contract award or prior to providing services to the client. The orientation shall include the referral process, Action Plans, Support Strategies, reporting requirements, etc.

Contractor and each staff member shall remain current with changing trends within the industry as they apply to Section III, Paragraph E, Part 2. Contractor shall provide DHS/DSPD with a report documenting 10 hours of continuing education each year. The report will detail the area of study (i.e. Medicaid, SSI, current educational programs, community resources, etc.), the number of hours, and the type of participation (written materials, seminars, conferences, training sessions, etc.).

H. REQUIRED STAFF-TO-CLIENT RATIOS

Community Service Brokering shall be one-on-one with the client and/or their family.

I. LOCATION OF SERVICES

Contractors are NOT allowed to meet with the client at the Contractor's residence. Assessments for needs and follow-up client meetings will be performed at the client's residence or the Contractor's business office at a separate location from the Contractor's residence. Contractor shall maintain general liability insurance. Contractor may also schedule conference rooms at the local/region DHS/DSPD offices or any State of Utah Human Services public building. It is recommended that the Contractor schedule conference rooms by notifying DSPD/s conference room scheduler in advance of the preferred date and time.

The development and coordination for community resources, whether by phone, in-person, or by written communication, may be performed at the Contractor's place of business.

J. SPECIAL RECORD KEEPING REQUIREMENTS

The Contractor shall maintain individual client records for each client served. Contractor shall maintain records on the following:

- 1. A referral from DHS/DSPD Region Office for each client service.
- 2. Support Strategies.
- 3. Summary of monthly service.

4. Number of hours worked each billing period, 295S Billing form.
5. End of service report, detailing the types of services and dates services were rendered.
6. Logs of required training hours.

K. CONTRACT PAYMENTS

The following is the DHS/DSPD approved CSB service code rate schedule. Third-party reimbursements will not be considered.

Service Code	Type	Rate	Max Rate	Description
CSB	Quarter Hour	\$5.29	\$21.16	Community Service Brokering
	Not to exceed 125 hours annually, for each client served.		\$2,645.00	Not to exceed \$2,645.00 annually, in total services for each client served. Contractor will be paid based on actual units spent.
FTP	Mileage			All mileage will be reimbursed in accordance with guidelines contained in the most current State of Utah Travel Policy.

Supporting documentation must be submitted with all billings. Supporting documentation includes the following:

1. The name of the client who received the service.
2. The specific reimbursable service.
3. The date the service was rendered.
4. The qualified staff member who delivered the service.

Billing will be paid using the 295S Billing Form, and will list the individual receiving the service, units of service provided, and the total amount billed. Contractor shall forward the 295S Billing Form to the referring Regional Office for approval. If work is performed in multiple Regions, separate forms must be sent to each referring Regional Office. Payments will be made only for units of service authorized by the Region/Division. Contractor must submit billings within 30 days of completion of the service. All Region Offices may access the service of this contract.

IV. PROPOSAL FORMAT AND CONTENT REQUIREMENTS

It is requested that proposals be prepared on **8 ½" x 11" paper** using **12 point font**. Pages should be **double-spaced** with **pages numbered consecutively** at the bottom of the page and shall be clipped together with a document clip. Proposals shall include the following information and documents organized in the order shown under tabs labeled with the ***bold and italicized*** headings identified below:

A. ***EXECUTIVE SUMMARY***

The Executive Summary portion of the proposal shall include the following:

1. A one or two page summary briefly describing Offeror's proposal and identifying by heading and page number, where each item or piece of information requested in the Technical Requirements section of the RFP can be found in Offeror's proposal.
2. A justification statement supporting any proprietary information request made by the Offeror. This statement shall state the reasons why the designated information is proprietary and identify the page number(s) where the proprietary information is located in Offeror's proposal. The specific information deemed proprietary must be highlighted in its entirety in the body of the original proposal.

(The justification statement is not required if the Offeror has not designated any portion of its proposal proprietary).

B. **TECHNICAL REQUIREMENTS**

This section should constitute the major portion of Offeror's proposal. It requires the Offeror to prepare a specific point-by-point response to each of the stated requirements identified below. The purpose of the stated requirements is obtain information from the Offeror that will allow the Referring Agency to evaluate the Offeror's ability to provide the requested services. Given this objective, Offerors should not simply repeat the information and/or service requirements identified in the RFP in responding to the requirements of this section.

EXPERIENCE

Offeror must meet the established experience requirements located Section III, Paragraph D, Contractor Qualifications. Offeror shall submit a detailed resume along with two (2) written references demonstrating the ability to perform the services described within this RFP. Offeror must also submit resumes and references for all staff members who shall provide services. References will be verified by DHS/DSPD.

Offeror must specify those areas of expertise, as they relate to Section III, Paragraph E, Part 2, in which they will provide services.

WORK SAMPLE OF SUPPORT STRATEGY

Offeror (and any staff members) must submit a **one-page** sample Support Strategy. The sample must reflect the Offeror's understanding of the Person-Centered Planning process and the Offeror's ability to adequately obtain services through community resources, using the following criteria:

1. Identifying information.
 - a. Name of person.
 - b. Date the Support Strategy was written.
 - c. Desired outcome/personal goal.
 - d. Title of Support Strategy.
 - e. Name of person writing Support Strategy.
2. Purpose of the support as related to the outcome/goal and how it will help realize the outcome as explained.
3. Identify the community resource(s) that will be utilized to provide the support.
4. Timeline for providing the support.
5. Detailed guideline or instructions for community resource(s) staff addressing how to support the client.
6. How the Contractor will document the support provided and the results.
7. The data collection process to tell how the Contractor will know if the support is working or needs to be changed or discontinued.
8. Detailed guideline for how the person will continue support system after services are concluded.

C. **APPENDIX**

Offeror shall submit the following information and/or documents in an Appendix. The required documents and information shall be organized in the order requested below:

1. A **completed and signed** Conflict of Interest Disclosure Statement. All Offerors (except Offerors who are government entities) shall complete and submit a Conflict of Interest Disclosure Statement for all parties and employees who may have a potential conflict of interest should a contract be awarded. (See Attachment A-1)

Offerors who are government entities may complete and submit either a Conflict of Interest Disclosure Statement or a Conflict of Interest Certification. (See Attachment A-2)
2. A **completed and signed** Request for Proposals Coversheet. (The coversheet is the two-sided colored sheet accompanying the RFP. If needed, an additional copy may be obtained from Rosalie Nance at (801) 538-4384)
3. A **completed** W-9 Request for Tax ID Form. (See Attachment B)
4. A **completed** Offeror Document Request and Checklist. (See Attachment C)

5. A **completed** Provider Code of Conduct Form. (See Attachment D)

V. PROPOSAL EVALUATION CRITERIA

Proposals will be evaluated and scored using the criteria identified in the Score Sheets attached to this RFP. (See Attachment E). Each area of the evaluation criteria must be addressed in detail in the Offeror's proposal. Offerors who simply repeat information provided in the RFP when responding to a given requirement may receive a lower score with regard to that requirement.

VI. ATTACHMENTS TO THE RFP

- A. ATTACHMENT A -- Conflict of Interest Disclosure Statement
- B. ATTACHMENT B -- W-9 Tax ID Form
- C. ATTACHMENT C -- Offeror Document Request and Checklist
- D. ATTACHMENT D -- Provider Code of Conduct
- E. ATTACHMENT E -- Proposal Evaluation Score Sheet



Department of Human Services
120 North 200 West
Salt Lake City, UT 84103
(801) 538-4001

Attachment A: Conflict of Interest - Disclosure Statement**Name of Contractor:**

Does any employee in your organization have a conflict of interest or potential conflict of interest?

☐ **YES**

Use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.

☐ **NO**

Please complete the signature section below.

Dual Employment *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:

Title or position with the State of Utah or political subdivision:

Title or position with the Contractor:

Nature and value of the individual's interest in Contractor's business entity:

Individual's decision-making authority with the Contractor and with the State:

How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?

Related-Party Transactions or Independent Judgment Impaired

Name and position or title of individual with Conflict of Interest:

(Individual associated with Contractor):

(Individual associated with other party):

Relationship between identified individuals:

Description of transaction involving identified individuals and dollar amount (if any):

Decision-making authority of individuals with respect to that transaction:

Potential effect on this Contract with DHS:

How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?

Signature:

I hereby certify that the information I have given is true and complete to the best of my knowledge.

(Name and Title of Person Completing Form)

(Signature)

Date: _____

Notary: *(Must be completed for all dual employment conflicts of interest)*

STATE OF _____

: **ss.**

COUNTY OF _____

SUBSCRIBED to before me this _____ day of _____, _____

(Seal)

NOTARY PUBLIC _____

Commission Expires _____

DHS/DSPD Action*: ☐ Approve ☐ Deny ☐ Other** _____

Signature & Title: _____ Date: _____

* For guidance on how to resolve dual employment situations, please refer to the DHS Conflict of Interest Policy.

** DHS/_____ may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA")

BIRA Recommendation upon DHS/DSPD Referral: ☐ Approve ☐ Deny ☐ Other _____

Signature: _____ Date: _____

Revision Date: April 11, 2002

Attachment B

Form W-9
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you should use the requester's form. However, this form must meet the acceptable specifications described in **Pub. 1167, General Rules and Specifications for Substitute Tax Forms and Schedules**.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

ATTACHMENT C
OFFEROR DOCUMENT REQUEST AND CHECKLIST

Name of Offeror: _____

RFP #40308

INSTRUCTIONS: Place a check mark (✓) in the “Offeror’s Response” column” for each item provided **and** attach the item. (Items shall be submitted in the order requested in the form.) If a requested item does not apply to Offeror, mark “N/A” in the appropriate space. Include the completed form **and** items in the Appendix portion of Offeror’s proposal.

All Offerors must submit the first four items requested. The remaining items need only be supplied **as they apply** to Offeror and/or the services Offeror is proposing to provide.

Item/Information Requested		Offeror’s Response (✓ or N/A)
<i>The following documents <u>must be submitted</u> by all Offerors:</i>		
1	<p><u>W-9 Form</u>, “Request for Taxpayer Identification Number (TIN) and Certification” completed and signed by Offeror (W-9 forms can be obtained at the IRS web site: http://www.irs.ustreas.gov/prod/forms-pubs/forms.html or a local Internal Revenue Service office).</p> <p>If Offeror does not yet have a TIN, Offeror may submit <u>verification of its application for a TIN</u>. (Offerors who submit verification must provide the Requesting Agency with a completed and signed W-9 form before any contract awarded Offeror will be initiated.)</p>	
2	A copy of Offeror’s current business license.	
3	A copy of the certificate of incorporation or registration issued to Offeror by the Utah State Division of Commerce authorizing Offeror to conduct business in the State as a corporation, partnership, LLC, DBA, or other business entity.	
4	<p><u>Insurance Requirements:</u> Any Offeror awarded a contract under this RFP (except Offerors who are government entities) shall be required to comply with the insurance requirements of the Department of Human Services Service Contract. (A copy of the current requirements can be obtained from the Referring Agency).</p> <p>a. Offerors who currently have insurance in place that meets the requirements of the DHS service contract for the services it is proposing to provide, <u>shall submit the necessary documents</u> with this RFP.</p> <p>b. Offerors who do not have insurance in place that meets the requirements of the DHS service contract, <u>shall submit a signed letter of intent</u> stating 1) they will comply with the insurance requirements of the DHS service contract should they be awarded a contract <u>AND</u> 2) they will submit the necessary documents verifying their insurance coverage to the Requesting Agency before any contract awarded to them is initiated.</p>	
<i>The documents below must only be submitted <u>as they apply</u> to Offeror and/or the services Offeror is proposing to provide:</i>		
5	The names and addresses of Offeror’s partners or corporate officers together with a current organization chart.	
6	Evidence of Offeror’s status as a Medicaid Provider.	
7	A copy of Offeror’s current professional license.	
8	Evidence of Offeror’s membership in or approval by a standard-setting professional society.	
9	The name, telephone number, and street <u>and</u> mailing address of each of Offeror’s service facilities.	

Provider/Employee/Volunteer Certification Form

**PROVIDER CODE OF CONDUCT
CERTIFICATION OF UNDERSTANDING AND COMPLIANCE**

(To be signed by all DHS Providers and their employees, volunteers, and subcontractors)

I have read and been provided with a personal copy of the Provider Code of Conduct for the Utah Department of Human Services.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

Signature of Employee or Volunteer

Date

Print Name: _____

Signature of Supervisor

Date

Signature

Print Name: _____

Program/Facility

Street Address

City, State, ZIP Code

The Provider will place a copy of this signed "Certificate of Understanding and Compliance" in the signer's personnel file and will make that file available to DHS upon request.

http://www.hsfolio.state.ut.us/CGI-BIN/om_isapi.dll?clientID=4006184&infobase=dhspol.nfo&softpage=Browse_Frame_Pg42

Attachment E
SCORE SHEET
RFP #40308

Offeror Name: _____

Evaluator Name: _____

Date: _____

Offeror Score (100 points possible): _____

PROPOSAL ATTACHMENTS AND EXECUTIVE SUMMARY		
DESCRIPTION	PASS/FAIL	COMMENTS
<u>Attachments Included:</u> <input type="checkbox"/> Conflict of Interest and Disclosure <input type="checkbox"/> Code of Conduct <input type="checkbox"/> W-9 Tax ID Form <input type="checkbox"/> Contractor's Data Sheet	Pass Fail	Must pass 1 of 1 to be awarded contract.
TECHNICAL SECTION		
DESCRIPTION	POINTS	COMMENTS
<u>Experience (25 pts. possible)</u> 1. Bachelor's Degree or equivalent work experience. 2. Experience working directly with people with disabilities. 3. Experience reflects knowledge of and ability to access community resources 4. Offeror specified areas of expertise. 5. Contractor staff has at least one year professional or volunteer experience working with people with disabilities.		
<u>Work Sample of Support Strategy (75 pts. possible)</u> 1. Identifying information. a. Name of person. b. Date the Support Strategy was written. c. Desired outcome/personal goal. d. Title of Support Strategy. e. Name of person writing Support Strategy. 2. Purpose of the support as related to the outcome/goal and how it will help realize the outcome as explained. 3. Identify the community resource(s) that will be utilized to provide the support. 4. Timeline for providing the support. 5. Detailed guideline or instructions for community resource(s) staff addressing how to support the client. 6. How the Contractor will document the support provided and the results. 7. The data collection process to tell how the Contractor will know if the support is working or needs to be changed or discontinued. 8. Detailed guideline for how the person will continue support system after services are concluded.		